

## NCDOT Aggregate QC/QA Plant Ownership Update

Name of Company: \_\_\_\_\_

### Corporate Address and Contact Information:

Street: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name and Title of Contact: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

NCDOT Facility Number: CA \_\_\_\_\_ FA \_\_\_\_\_

### Facility Mailing Address and Contact Information:

Street: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name and Title of Contact: \_\_\_\_\_

### Facility Physical Address:

Street: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_  
Driving Directions from Major Landmark:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Plant Personnel Responsible for Quality:

	Name	Title	Cert. Number <sup>1</sup>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

The Information for this facility HAS changed since this form was last submitted? ☐ YES / ☐ NO

The Quality Control Plan for this facility HAS been revised since it was NCDOT Approved? ☐ YES / ☐ NO

If YES, attach copy of current Quality Control Plan to this document and submit for review.

I certify that the foregoing entries are correct.

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> List NCDOT assigned Technician Certification Number if applicable.